

**NOTICE OF INTENT TO PERMANENTLY CLOSE UNDERGROUND STORAGE TANK SYSTEM**

**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**APPROPRIATE DIVISION OF WASTE  
MANAGEMENT REGIONAL OFFICE**  
To identify the appropriate regional office  
for your county, visit:  
<http://waste.ky.gov/ust>

**FOR STATE USE ONLY**

GENERAL INSTRUCTIONS. THE NOTICE OF INTENT TO PERMANENTLY CLOSE UNDERGROUND STORAGE TANK SYSTEM IS REQUIRED WHEN UNDERGROUND STORAGE TANK OR PIPING IS TO BE PERMANENTLY CLOSED IN KENTUCKY. THIS FORM SHALL BE COMPLETED AND SUBMITTED A MINIMUM OF TWO WEEKS (14 CALENDAR DAYS) PRIOR TO PERMANENT CLOSURE OF AN UNDERGROUND STORAGE TANK OR PIPING TO THE APPROPRIATE DIVISION OF WASTE MANAGEMENT REGIONAL OFFICE. If you have any questions about any section on the form, please call the Regional Office. **The form shall be typed or printed legibly.**

**OWNERSHIP OF TANK SYSTEM****LOCATION OF TANK SYSTEM**

OWNER NAME

AGENCY INTEREST NUMBER

MAILING ADDRESS

SITE NAME

CITY STATE ZIP CODE

STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD

CONTACT PERSON

CITY STATE ZIP CODE

AREA CODE/ TELEPHONE NUMBER

COUNTY

**INFORMATION PERTAINING TO PERMANENT CLOSURE**

1. Name of company/person in charge of permanent closure activities: \_\_\_\_\_
2. Area code and telephone number for company/person in charge of permanent closure activities: \_\_\_\_\_
3. Name of company/person performing the actual tank system permanent closure: \_\_\_\_\_
4. Type of closure activity: ☐ Removal from Ground ☐ Closure-in-Place ☐ Assessment for Change in Service
5. System components to be permanently closed: ☐ UST System ☐ Piping Only (when new piping installation does not occur in the same piping trench)
6. Number of tanks to be permanently closed at above location: \_\_\_\_\_
7. If the tank is to be closed-in-place, type of fill material to be used: \_\_\_\_\_
8. Closure date scheduled: \_\_\_\_\_
9. If piping only, indicate substance contained in system: \_\_\_\_\_

**CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate, and complete KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & TITLE

DATE SIGNED

CHECK APPROPRIATE BOX:

☐ OWNER

☐ OPERATOR

☐ CONSULTANT/CONTRACTOR

**DESCRIPTION OF UNDERGROUND STORAGE TANK SYSTEM**

(Complete for each tank system at this location)

Tank I.D. Number Enter the Tank ID Number or for closure of 100% of a piping run, enter the Tank ID Number for the tank associated with the piping run	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
<b>1. Status of Tank</b> (MARK APPROPRIATE BOX)					
Currently in Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Estimated Total Capacity (Gallons)</b>					
<b>3. Identify All Regulated Substances Ever Stored</b> (MARK ALL THAT APPLY FOR EACH TANK)					
Gasoline (GAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel (DSL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene (KER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil (UOL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Oil (NOL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Oil (FOL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Fuel (JET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA Hazardous Substance (HAZ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown Substance (UNK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empty (EMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Substance, please specify (OTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>